

Budget Briefing

FY 2017



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February 17, 2016

Honorable Members of the General Assembly:

Thank you for your strong support of our efforts to reform our agency and for the opportunity to share with you the critical work of the Department of Children and Family Services.

When I first came to Illinois just one year ago, I found an agency in turmoil. An endless revolving door of directors left the agency without clear direction or priorities. Intense media scrutiny put a real-life face on our failures and spotlighted some of the biggest challenges facing Illinois' child welfare system. Eroding credibility created an atmosphere of doubt and mistrust among our private agency partners, elected officials, public guardians, the courts and law enforcement.

We've come a long way over the past 12 months. We've restructured the department to promote cross-divisional cooperation and communication; made great strides to reduce the number of youth in shelter and high-end residential placements; and took steps to maximize the department's federal claiming for services offered to youth aged 18-21.

But we still have much more to do.

This year our department will implement a number of new pilots, programs and initiatives – all reflected in this budget request – that will help to reform the child welfare system in Illinois for years to come.

For example, this year we announced an agreement between DCFS and the Cook County Sheriff's Department for the creation of a Child Recovery Unit. This first-of-its-kind collaboration will allow experts from both departments to work together to find, and return, missing or on-run youth in Cook County. If successful, this is a model that we can and should implement in other areas of the state.

We are embracing the power of technology to make it easier for our employees to do their jobs and do their jobs more accurately through a mobile app. This app allows a caseworker or an investigator to upload photos, enter case notes, or find pertinent case information directly from the field on their smart phones or tablets, without having to wait until they return to their desks.

Consistent with the state's efforts to transition from institutional to community-based care, we are working to reduce the department's over-reliance on shelter and high-end residential placements.

To help us accomplish this goal, this year we are implementing three, five-year therapeutic foster care pilot programs. These programs will allow us to test a full-time foster parent model and provide 24/7 support to foster parents with true wrap-around services for the youth to limit the amount of time a youth spends in a high-end residential placement.

These are just a few examples of the department's FY17 goals, which reflect our commitment to improving the safety and well-being of the children in our care while practicing fiscal responsibility to the people of Illinois.

Thank you again for being active partners with us as we work to turn this department around to make Illinois a national leader once again.

Sincerely,



George H. Sheldon
Director

Fund Summary: Program Funding

Department of Children & Family Services

Fund Summary (\$ in thousands)

	FY15 Approp.	FY16 Approp.	FY17 Request	FY16-17 \$ Change	FY16-17 % Change
All Funds - Total	1,165,961.8	10,511.6	1,161,890.8	1,151,379.2	n/a
State Funds - sub-total	1,155,350.2	0.0	1,150,896.8	1,150,896.8	n/a
General Revenue (GRF)	680,325.8	0.0	695,074.2	695,074.2	n/a
DCFS Children's Services (CSF)	474,035.3	0.0	454,833.5	454,833.5	n/a
DCFS Special Purpose Trust (SPT)	689.1	0.0	689.1	689.1	n/a
Child Abuse Prevention (CAP)	300.0	0.0	300.0	300.0	n/a
Federal Funds - sub-total	10,611.6	10,511.6	10,994.0	482.4	4.6%
DCFS Federal Projects (FPF)	10,611.6	10,511.6	10,994.0	482.4	4.6%

Program Group Funding (\$ in thousands)

	FY15 Approp.	FY16 Approp.	FY17 Request	FY16-17 \$ Change	FY16-17 % Change
DCFS Program Group	1,165,961.8	10,511.6	1,161,890.8	1,151,379.2	n/a
Protective Services	120,528.5	0.0	124,567.7	124,567.7	n/a
Adoption & Guardianship	197,661.0	0.0	186,205.4	186,205.4	n/a
Family Maintenance	56,504.5	9,695.0	56,650.7	46,955.7	n/a
Family Reunification	737,643.3	816.6	741,619.9	740,803.3	n/a
Accountability	53,624.4	0.0	52,847.1	52,847.1	n/a

Fiscal Summary by Program

Department of Children & Family Services FY2016 Budget Request

Fiscal Summary by Program Group (\$ in thousands)

Program Group	FY15 Approp.	FY16 Approp.	FY17 Request	FY16-17 \$ Change	FY16-17 % Change
Program (Budgeting for Results)					
Agency Total	1,165,961.8	10,511.6	1,161,890.8	1,151,379.2	n/a
Protective Services	120,528.5	0.0	124,567.7	124,567.7	n/a
Child Advocacy Centers	4,607.0	0.0	4,616.4	4,616.4	n/a
Investigative Services	99,514.2	0.0	102,882.5	102,882.5	n/a
State Central Registry	16,407.4	0.0	17,068.8	17,068.8	n/a
Adoption & Guardianship	197,661.0	0.0	186,205.4	186,205.4	n/a
Adoption & Guardianship	175,787.4	0.0	165,125.4	165,125.4	n/a
Adoption Preservation & Support	21,873.6	0.0	21,080.0	21,080.0	n/a
Family Maintenance	56,504.5	9,695.0	56,650.7	46,955.7	n/a
Intact Family Services	42,012.3	0.0	42,159.4	42,159.4	n/a
Prevention Services	14,492.2	9,695.0	14,491.3	4,796.3	n/a
Family Reunification	737,643.3	816.6	741,619.9	740,803.3	n/a
Behavioral & Mental Health	7,652.9	0.0	7,658.4	7,658.4	n/a
Day Care	28,781.4	0.0	28,353.2	28,353.2	n/a
Family Reunification & Sub. Care	445,351.6	816.6	473,486.2	472,669.6	n/a
Health Care Network	4,547.3	0.0	4,555.5	4,555.5	n/a
Institution & Group Home	239,663.7	0.0	215,919.9	215,919.9	n/a
Older Ward Transition	11,646.4	0.0	11,646.7	11,646.7	n/a
Accountability	53,624.4	0.0	52,847.1	52,847.1	n/a
Administrative Case Review	7,756.6	0.0	7,886.6	7,886.6	n/a
Licensing	34,240.5	0.0	33,526.7	33,526.7	n/a
Monitoring	11,627.2	0.0	11,433.8	11,433.8	n/a

Footnote: The Fiscal Summary by Program Group reflects total Department funds including proportional administrative support costs. Line item amounts detailed in subsequent tables reflect discrete appropriation line items. As a result, amounts here may differ, reflecting higher total program costs.

Protective Services

DCFS has the primary responsibility of protecting children through the investigation of suspected abuse or neglect by parents and other caregivers in a position of trust or authority over the child.

Whenever possible, DCFS provides services that enable at-risk children to remain safely at home. The Department's Intact Family Services program, Community-Based Child Abuse and Neglect Prevention programs, and Child Welfare Services Intake programs provide interventions to support families and ensure child safety while preventing the trauma of family disruption. In those situations where in-home services are not sufficient to ensure child safety, protective custody is taken. Permanency services and juvenile court involvement is accessed to assist the family in correcting conditions so children may be safely reunited with their families.

Critical Strategies

- Public education about the need to report abuse and neglect and other child abuse prevention campaigns;
- Fully staff front line positions in the hotline and in local child protection investigative units;
- Reengage partners across communities and child serving agencies to better meet the needs of families and address communities with historically high incidences of child abuse and neglect.

Key Performance Benchmarks

- 94% of hotline calls are answered or a message has been taken;
- 100% of investigations are initiated within 24 hours;
- 88.7% of investigations are completed within 60 days.

State Central Registry

Protecting Illinois children begins at the State Central Registry. Trained child welfare staff are available 24 hours a day to respond to calls made to the Child Abuse Hotline. These call floor staff gather information about the family and screen calls to accurately assess a situation before determining if DCFS has legal authority to intervene on behalf of a child. In consultation with a supervisor, they research the DCFS database for prior contact with the family, review criminal history backgrounds, and review the allegation system. Once an investigation is accepted, call floor staff assign a response code based on severity of allegations to assist the field in determining how quickly a child must be seen and assessed. The child abuse/neglect report is electronically transmitted to the appropriate child protection team in local field offices. The State Central Registry is also responsible for sending final written notification of investigation findings and appeal rights to parents and other adult caregivers.

Key strategies for an effective front end response include:

- Answering calls quickly to prevent hang ups;
- Maintaining adequate information technology and phone system to support call floor activities;
- Fully staffing and filling front end vacancies.

Protective Services	FY15 Actual	FY16 Est.	FY17 Projected	16-17 Change	% Change
Hotline Calls	222,719	246,210	246,200	-10	0.0%
Family Reports of Abuse/Neglect	67,727	72,630	72,600	-30	0.0%
Child Reports of Abuse/Neglect	110,098	118,390	118,300	-90	-0.1%
Indicated Family Reports	19,308	20,700	20,700	0	0.0%
Indicated Child Victims	33,256	36,110	36,100	-10	0.0%

When a call to the hotline does not meet criteria for an abuse/neglect investigation, call floor staff may assist the caller with community resource information, referral to law enforcement agencies, or transmit a child welfare service referral to local field offices for further assessment and linkage to community preventative services. Child Welfare Intake referrals and utilization of voluntary short term programs such as the Safe Families program, the Extended Family Services program, and our newly-revised Family Advocacy Centers reduce the number of children entering foster care settings.

Investigative Services

Investigation services are conducted by trained Investigation Specialists located at sites throughout the state. The Abused and Neglected Child Reporting Act (ANCRA) requires investigations to be initiated within 24 hours of the time the report is taken and the investigation to be completed within 60 days unless there is good cause to extend beyond that time period. The Investigation Specialist and their supervisor develop an investigative plan that incorporates necessary activities to ensure an immediate assessment of the safety of all children while also ensuring a timely determination of abuse or neglect based upon the specific circumstances.

All local office sites provide 24-hour coverage and the ability to respond to any reports of abuse and neglect and to ensure a timely assessment of safety, risk and service needs. A multi-disciplinary investigatory approach utilizing law enforcement, medical professionals and Investigation Specialists is utilized for serious harm, death, and sexual abuse investigations to minimize trauma to the children and their family. Utilizing community or agency resources, Investigation Specialists may arrange for services at the time the service need is identified.

Family situations assessed with immediate safety concerns may result in temporary protective custody and Juvenile Court involvement. The Investigation Specialist explores all reasonable alternatives to temporary protective custody and consults with the Child Protection Supervisor in advance of the critical decision to remove a child from their parents. When placement is necessary, efforts are made to place the child in an environment that supports the child's cultural identity, linguistic need and connections to their family and community. Placing siblings together is given special attention; children are placed in licensed foster care/kinship care homes or approved non-licensed kinship care homes.

Investigative Services (\$ in thousands)	FY15 Spending	FY16 Approp.	FY17 Request	16-17 Change	% Change
AFCARS/SACWIS Information System (CSF)	14,860.1	0.0	22,678.3	22,678.3	n/a
Attorney General Rep. Child Welfare Litigation Issues (GRF)	456.4	0.0	463.3	463.3	n/a
Child Death Review Teams (GRF)	80.6	0.0	104.0	104.0	n/a
Family Centered Services Initiative (CSF)	14,303.7	0.0	16,489.7	16,489.7	n/a
Total	29,700.8	0.0	39,735.3	39,735.3	n/a

Children's Advocacy Centers

Children's Advocacy Centers (CACs) play a critical role in coordinating the various agencies involved in the investigation, prosecution and treatment of serious child abuse cases, especially DCFS, law enforcement, prosecutors, medical providers and mental health providers. CACs were created to meet the special needs of sexually abused children, but that role has expanded to assist with the investigation of child deaths, serious child physical abuse cases and other serious harms.

Some CACs also offer services to assist child victims of family violence, severe neglect, human trafficking and internet-based sexual exploitation. Thirty-seven (37) CACs across the state serve 92 of 102 Illinois counties. Thirty-two (32) centers are distributed across downstate, some serving multiple counties, while five are located in Cook County.

Child Advocacy Centers (\$ in thousands)	FY15 Spending	FY16 Approp.	FY17 Request	16-17 Change	% Change
Children's Advocacy Centers (CSF)	1,368.2	0.0	1,398.2	1,398.2	n/a
Children's Advocacy Centers (GRF)	1,851.5	0.0	1,898.6	1,898.6	n/a
Total	3,219.7	0.0	3,296.8	3,296.8	n/a

During FY2015 CACs conducted forensic interviews of 7,884 suspected child victims on behalf of DCFS and over 2,700 forensic interviews on behalf of law enforcement, leading to 1,649

substantiated DCFS investigations and 1,337 referrals for prosecution to local state's attorneys. In addition, last year 25 of the CACs began using OMS (Outcome measuring systems) which survey the caregivers and teams for more qualitative rather than quantitative outcomes. At this time this is not a mandatory requirement.

Partnering to Combat Abuse

Although the Department is charged with the responsibility to care for and serve the families of Illinois, we are not alone in this endeavor. A significant number of the families served also have contact with other government agencies. It is therefore a chief priority for the Department to continue our efforts to forge partnerships with our sister agencies as well as law enforcement, schools, medical providers and members of the legislature. Through interdepartmental collaboration, DCFS will improve the safety net for its most vulnerable children and families. Initiatives to promote cross-agency collaboration include:

- **Combating Human Trafficking**

In our efforts to guard our youth from the dangers of human trafficking, the Department has employed a human trafficking coordinator responsible for collaborating with the FBI, local Sheriffs, law enforcement, the Cook County Public Guardian, and university researchers. The Department has created statewide workforce training on how to engage and work with this specific group of vulnerable youth. In addition, two new allegations that address this type of abuse have been added to the child abuse allegation system as well as a tracking indicator to monitor these victimized wards.

- **Multidisciplinary Pediatric Education and Evaluation Consortium (MPEEC)**

MPEEC primarily provides expert medical evaluations for abuse allegations of serious injuries of children under three, including bone fractures, internal injuries, head trauma, burns and bruising for children in Chicago. MPEEC is a consortium of the Chicago Children's Advocacy Center (CCAC), John H. Stroger, Jr. Hospital of Cook County, Lurie Children's Hospital, and the University of Chicago Comer Children's Hospital. MPEEC provides mandated medical expert consultation and written opinions, education of DCFS personnel, medical professionals, and police investigators on the medical diagnoses of child abuse and MPEEC investigative procedures; and expansion of medical expertise in the field of child abuse.

- **Engaging Experts to Prevent Child Deaths**

Under Illinois law, the State's nine Child Death Review Teams (CDRTs) review the death of DCFS wards, subjects of open service cases and pending abuse or neglect investigations, children who were subject of investigations 12 months preceding the death, and any other child whose death is reported to the State Central Register that is subsequently indicated for abuse or neglect. CDRTs bring together experts from child welfare, medicine, law enforcement, public health and other fields in a multi-disciplinary effort to keep all children safe. Since their creation in 1994, CDRTs have made hundreds of recommendations to the

Department not only to improve investigations and case management, but also to support advocacy to reduce preventable child deaths, whether from abuse, neglect or accidental causes.

- **Illinois Partnership to Reduce Child Deaths**

In recent years, accidental infant deaths due to co-sleeping with a parent or sleeping in an inappropriate environment have emerged as a major and preventable tragedy in Illinois. In response to these deaths, the Department has joined the national Collaborative Improvement and Innovation Network (COIIN) to develop policies and strategies to improve measures related to Safe Sleep practices of infants in Illinois and reduce infant mortality. This group is spearheaded by the US Department of Health and Human Services, Maternal Child Health Bureau (MCH). Over the course of eighteen months, Illinois worked with other states within the MCH Region Five to develop outcome goals and strategies that will reduce the incidence of infant deaths associated with unsafe sleep practices. The Illinois Department of Children and Family Services staff participate in this team along with various governmental, medical, educational and private agencies across Illinois and the participating states of the MCH Regions Four and Six. In January 2015, this group merged into a nationwide COIIN with oversight by the National Institute for Children's Health Quality (NICHQ). As infant mortality and deaths due to co-sleeping remain a major cause of preventable child deaths across the nation, it was deemed necessary to combine regional sites in order to be more productive and provide information to assist every region in addressing this critical issue. In addition to this work, DCFS recently partnered with the Illinois Department of Public Health to create and disseminate public service announcements (for television and radio) regarding the seriousness of engaging in unsafe sleep practices with an infant.

Family Maintenance & Prevention Services

The Department invests significant resources in the “front end” of the service delivery system to ensure safety of children within their biological families. Intact family services are voluntary services available to families who have been indicated for abuse or neglect. The Department partners with purchase-of-service (POS) agencies across the state to meet the needs of these intact family cases, although Department high risk intact staff remain available to work with the most difficult families. These interventions are developed to be utilized in the short-term and are typically very intensive. They are monitored by the Department’s Intact Utilization Unit to support quality services and procedural compliance.

In addition, child abuse prevention requires that DCFS remain a strong partner in the community continuum that keeps children safe. The goal of primary prevention is to identify at-risk children and families and to provide them with the supports, tools and strategies they need to strengthen their family units before incidences of abuse and neglect occur. In doing so, DCFS aims to keep families intact as often as possible.

Critical Strategies

- Community-based programs to keep children in their home
- Permanency roundtables, waivers and enhancement projects

Key Performance Benchmarks

- 90% of clients receiving prevention services will not be the indicated subject of subsequent reports of abuse and neglect during the service period;
- 90% of the children who reside in the home at the time of a referral for services will remain unified;
- 50% of families served under the Extended Family Support Program will obtain private guardianship;
- 90% of families served intact will remain together during the period of intact family service provision (excluding the first 30 days from the date of the transitional visit).

Intact Family Services

The Department maintains several programs that provide services to families in order to ensure children can remain in their homes safely. The largest of those programs is the Intact Family Services program.

The Intact Family Services program is designed to work with families on a voluntary basis when they have come to the attention of the Department of Children and Family Services as a result of a referral from a child abuse/neglect investigation, or involuntarily when ordered by the court to provide services as defined in Procedure 302.388. Intact Family Services are meant to

provide reasonable efforts to preserve families; to enable children to remain safely at home; and to avoid separation and/or placement of the children.

Primary components of this performance driven program include: a) professional assessment of family challenges that led to the Department's involvement; and b) provision of direct intervention and linkage to community services.

Families who are the subject of an indicated abuse and/or neglect investigation are assessed for service needs and may voluntarily agree to participate in intact family services. Families who are the subject of an unfounded abuse/neglect investigation may be considered for intact family services if community resources are unable to meet their needs.

Intact Family Services (\$ in thousands)	FY15 Spending	FY16 Approp.	FY17 Request	16-17 Change	% Change
Family Preservation Services (CSF)	23,977.3	0.0	25,098.7	25,098.7	n/a
Family Preservation Services (GRF)	2,035.4	0.0	2,143.1	2,143.1	n/a
Total	26,012.7	0.0	27,241.8	27,241.8	n/a

Family Maintenance	FY15 Actual	FY16 Est.	FY17 Projected	16-17 Change	% Change
Intact Family Services Caseload*	2,317	2,350	2,350	0	0.0%
IFS Cases Closed	4,010	4,000	4,000	0	0.0%
Emergency Cash Assistance (Families Served)	2,455	2,400	2,600	200	8.3%
Housing Locator Services (Families Served)	1,047	1,000	1,200	200	20.0%

*Intact Family Services cases open on the last day of the Fiscal Year.

Prevention Services

The Children and Family Services Act that created the Department, specifically designates DCFS as the single State agency for planning and coordination of child abuse and neglect prevention programs and services. In order to fulfill that mandate, the Department provides or funds several prevention services aimed at reducing risk factors that can lead to child abuse or neglect, while also promoting protective factors to ensure the well-being of children and families in Illinois.

Key prevention programs include:

Family Advocacy Centers

There are 18 Family Advocacy Centers (FACs) located in high need communities across the state with high incidence of child removals. They are anchored by grass roots community organizations with a track record of serving high-risk families ranging from traditional social service agencies and faith based organizations to specialized agencies serving domestic violence victims and Latino communities. The FACs provide parents with the support and encouragement they need to follow through on the goals that will allow them to preserve and reunite their families. They tailor their services to the unique needs of the communities they serve. In addition to traditional counseling, referral, and training services, centers may offer:

- 24-hour crisis response and systematic support services;
- Intensive mediation services;
- Counseling for women and children who are victims of domestic violence;
- After-school, summer and out-of-school programs;
- Parent coaching, mentoring and classes in English and Spanish;
- Execution of intervention strategies to support the family reunification process;
- Court-ordered, supervised child visitation for non-custodial parents.

In FY 2014, FACs reframed their efforts to specifically focus on a combination of families who have already been involved with DCFS and on families who may not have prior involvement with DCFS but who have children age 6 and under, putting them at a greater risk of severe abuse and neglect. FACs take a prevention-focused, holistic approach that builds on families' existing strengths. In FY 2014, the centers transitioned from grant-based to fee-for-service funding, thus increasing the accountability of both the FACs and DCFS.

Public Education

The DCFS Division of Communication conducts ongoing efforts to connect parents and the public with prevention information. These efforts include the following initiatives:

- 25,000 child abuse prevention posters were distributed throughout the state last April in partnership with businesses, nonprofits, law enforcement and churches for Child Abuse Prevention Month;
- The "You Are Not Alone" campaign reaches 1.6 million students through public and private schools letting potential child victims know that help is available by calling the hotline;
- The Safe Sleep Campaign targets parents to reduce the risk of Sudden Infant Death Syndrome;
- The Water Safety Campaign reminds parents of safe practices to avoid accidental drowning.

Be Strong Families/Strengthening Families Illinois

Be Strong Families (BSF) is a 501(c)(3) organization working nationally to strengthen families from the inside out and to assist human service providers in working with families through strengths-based, family-centered, trauma-informed service models. Under contract with the Illinois Department of Children and Family Services, BSF builds protective factors with child-welfare involved families including: birth parents, foster parents, teen wards who are parents, young parents who recently aged out of the child welfare system, adoptive parents and families receiving in-home services from the child welfare system. BSF provides parent cafes and workshops for parents through Family Advocacy Centers, DCFS offices, the Teen Parent Services Network and other partners.

Extended Family Support Services

The Extended Family Support Program (EFSP) provides services to stabilize the home of a relative who has been caring for a relative's child for more than 14 days. The services aim to avoid involvement of the relative and child in the child welfare system. Services provided by EFSP include:

- Help obtaining guardianship in the local probate court;
- Help obtaining a child-only grant, subsidized day care and other entitlements;
- Help enrolling children in the school district where the relative caregiver lives;
- Cash assistance for items needed to care for the child.

Intact Family Recovery

This Intact Family Recovery (IFR) program provides an array of services to intact families opened to DCFS following the birth of a substance-exposed infant. The program currently serves Cook County. The comprehensive casework services include outreach, engagement, and case management coupled with child welfare services to families participating in the program. The program staff work with the families to assure child safety and keep the families intact while the parents participate in substance abuse treatment and recovery support. The IFR team also works to improve the family's parenting standards and child well-being measures, including health, education, and developmental milestones.

Norman Emergency Cash Assistance and Housing Locator Service

Norman Services assist families who lack food, clothing, housing or other basic human needs that place children's safety at risk and would otherwise necessitate their removal from the family or would be a barrier to family reunification. The program provides:

- Cash assistance to purchase items needed to care for the children that the family cannot afford to purchase themselves;
- Assistance locating housing;
- Expedited enrollment for Temporary Assistance for Needy Families (TANF) so that children in DCFS custody can be returned home within 90 days.

Prevention Services

Prevention Services (\$ in thousands)	FY15 Spending	FY16 Approp.	FY17 Request	16-17 Change	% Change
Cash Assist. and Housing Locator Service (CSF)	2,001.0	0.0	2,071.3	2,071.3	n/a
Cash Assist. and Housing Locator Service (GRF)	1,237.2	0.0	1,313.7	1,313.7	n/a
Child Abuse Prevention (CAP)	100.0	0.0	300.0	300.0	n/a
Federal Child Protection Projects (FPF)	5,742.0	9,695.0	9,695.0	0.0	0.0%
Total	9,080.2	9,695.0	13,380.0	3,685.0	n/a

Family Reunification

The primary goals of the Illinois Child Welfare system are to ensure child safety, provide permanency within a child sensitive timeframe, and ensure the well-being of children served by the Department. While prevention efforts are a critical component of child welfare practice, there are times when the protection of children requires their removal from the home environment. An increased effort is being made to reunify families as quickly as safety permits after temporary protective custody is taken in these situations.

When remaining at home simply is not safe, DCFS strives to place children with a capable and loving relative, ideally in the same community so that children can maintain important social bonds with friends, school and other emotional anchors. When a relative is unavailable for a child's needs, we rely on a broad spectrum of licensed foster families and other placement programs to provide the care, nurturing and love they need and deserve until they can return home safely.

Permanency planning begins at initial contact with a family. Procedures 315 were revised to focus on Permanency planning throughout the life of the case. It challenges child welfare professionals to look at planning for the youth from their first contacts with the family through termination; taking into account reunification first and foremost, while still seeking another permanent home if return is not a viable.

A concurrent plan must be part of the overall planning process to eliminate delays in attaining permanency for every child in care. Additionally, identification of relatives or those persons regardless of their biological tie, that have close personal or emotional ties with the child or the child's family prior to the child's placement (known as Fictive Kin) should be identified and assessed as possible placement resources and supports for children and families. This shift in thought helps look at the needs, wishes and goals for the child in a broader, more realistic child-centered fashion, while assuring their needs are met.

Understanding and addressing parental and child functioning as it relates to physical, behavioral, social and cognitive areas and promoting child and family well-being ultimately helps reduce the risk and safety issues, and increases protective factors for parents and or caregivers. Family-Centered Practice is a two-pronged approach: separation of a child and family due to safety concerns, while still keeping the family and child connected. This allows the child to remain safe while still being a member of the family. This empowers both the child and the family in the process of increasing protective factors, addressing their needs, while building on their strengths, to utilize the extended family as well as community supports to decrease time in substitute care, to achieve the ultimate outcome of safety, well-being and permanency. The Child Endangerment Risk Assessment Protocol (CERAP) continues to be utilized throughout the life of the case to make ongoing assessments of threats or risk to the child.

Consequently, DCFS relies on a strong foster parent and provider community to provide out-of-home placements and supports for children who cannot stay at home. These range from placements with relatives to higher-end congregate care settings for children and youth with significant behavioral management and behavioral health needs. DCFS closely monitors agency outcomes to ensure that children have placement stability during their time in care and that they are able to achieve timely permanency.

Children in Paid Substitute Care						
	2011	2012	2013	2014	2015	2016 Est.
Paid Substitute Care	15,559	15,155	15,113	15,135	14,758	14,798
Total Foster Care	13,406	13,039	13,059	13,076	12,882	12,898
Home of Relative	6,216	6,137	6,218	6,315	6,433	6,707
Regular	4,191	4,019	4,040	4,094	3,998	3,869
Specialized	2,999	2,883	2,801	2,667	2,451	2,322
Total Residential	2,153	2,116	2,054	2,059	1,876	1,900
Institution & Group Home	1,275	1,241	1,175	1,199	1,122	1,125
Independent/Transitional	775	763	768	728	668	700
Shelters	103	112	111	132	86	75

Key Outcome Measures

- 90% of siblings in foster care are placed together, a key to emotional well-being;
- 87% of foster children placed in the last 12 months are in stable placements, with no more than one move, reducing trauma and increasing the likelihood of reunification or adoption;
- 85% of children will receive a crisis response within 90 minutes to assess the need for psychiatric hospitalization;
- 49% of children will return home in 12 months.

A review of the Department's caseload is helpful in setting the context for any discussion regarding foster care or substitute care in general.

The point-in-time caseload on June 30, 2015 for all children and youth under DCFS guardianship, regardless of living arrangement was 17,401. For budget purposes, the point in time caseload on June 30, 2015 for all children and youth under DCFS care that were residing in a paid placement (excluding, for example, children returned home but still under DCFS guardianship pending court closure) was 14,758.

Family Reunification	FY15 Actual	FY16 Est.	FY17 Projected	16-17 Change	% Change
Children Reunified	2,249	2,104	2,143	39	1.9%
Pct. of Foster Children Reunified	17.2%	16.3%	16.7%	0.4%	2.5%
Child Cases Closed	5,820	5,500	5,600	100	1.8%
Department Foster Homes	1,678	1,631	1,630	-1	-0.1%

Family Reunification & Substitute Care

Family Reunification & Sub. Care (\$ in thousands)	FY15 Spending	FY16 Approp.	FY17 Request	16-17 Change	% Change
Children's Personal and Physical Maintenance (CSF)	2,625.2	0.0	2,856.1	2,856.1	n/a
Counseling and Auxiliary Services (CSF)	8,476.3	0.0	10,547.2	10,547.2	n/a
Counseling and Auxiliary Services (GRF)	7,622.8	0.0	8,505.1	8,505.1	n/a
County Reimbursement of Juvenile Justice Pilot Programs (CSF)	0.0	0.0	3,000.0	3,000.0	n/a
Federal Child Welfare Projects (FPF)	347.2	816.6	1,299.0	482.4	59.1%
Foster Care and Adoption Care Training Services (CSF)	7,242.8	0.0	10,237.0	10,237.0	n/a
Foster Care Initiative (CSF)	1,098.6	0.0	1,477.1	1,477.1	n/a
Foster Care Initiative (GRF)	5,796.7	0.0	6,139.9	6,139.9	n/a
Foster Homes and Spec. Foster Care (CSF)	167,740.8	0.0	153,424.1	153,424.1	n/a
Foster Homes and Spec. Foster Care (GRF)	131,662.7	0.0	176,078.9	176,078.9	n/a
Private Grants Child Welfare Improvements (SPT)	252.2	0.0	689.1	689.1	n/a
SSI Reimbursement (CSF)	1,085.6	0.0	1,513.3	1,513.3	n/a
Targeted Case Management (GRF)	9,673.9	0.0	9,684.8	9,684.8	n/a
Title IV-E Reimbursement Enhancement (CSF)	3,211.7	0.0	4,228.8	4,228.8	n/a
Tort Claims (CSF)	35.2	0.0	2,800.0	2,800.0	n/a
Tort Claims (GRF)	22.1	0.0	73.3	73.3	n/a
Total	346,893.8	816.6	392,553.7	391,737.1	n/a

Securing Permanency

- Permanency Enhancement Project**

The focus of the Permanency Enhancement Project is promoting community based solutions through local action teams around the state. The action teams strategize on how to improve permanency outcomes and reducing disparity with children and families of color. It is a collaborative project that includes several state universities, the African American Advisory Council and the Illinois African American Family Commission. The action teams seek participation from the judicial system, law enforcement, schools, medical providers, social service agencies, faith based organizations, community activists and other representatives from communities. Each Region has a Steering Committee that helps to provide structure and support to the action teams. The teams select at least one of four goals and utilize permanency data to choose activities that they feel will help with goal achievement. The goals consist of how to keep children from entering the child welfare

system, expediting reunifications, achieving adoptions in a timely manner and disproportionality. There are also Transformation Teams that are developing Regional Transformation Plans to address systemic barriers for children and families of color.

- **Permanency Innovations Initiative**

The federal Permanency Innovations Initiative (PII) is a multi-site federal demonstration project designed to improve permanency outcomes among foster care children who have the most serious barriers to permanency. This 5-year, \$100 million initiative includes six grantees, each with a unique intervention designed to help a specific subgroup of children leave foster care in fewer than three years.

PII Goals:

1. Implement innovative intervention strategies, informed by the relevant literature to reduce long-term foster care stays and improve child outcomes.
2. Use an implementation science framework enhanced by child welfare expertise to guide technical assistance activities.
3. Rigorously evaluate the validity of research-informed innovations and adapted evidence-based interventions in reducing long-term foster care.
4. Build an evidence base and disseminate findings to increase knowledge in the child welfare field.

The project is distinguished by its provisions for rigorous evaluation, purposeful application of implementation science, and coordinated dissemination of findings. Illinois chose to implement a Trauma Focus Model for Reducing Long-Term Foster Care and began the work September 2010.

Permanency Round Tables (PRT)

In the fall of 2013, the Department of Children and Family Services partnered with Casey Family Programs to aggressively improve permanency outcomes for children and youth in care in Illinois. The Department, in consultation with Casey, has determined the need to focus initially on the oldest population of youth, children ages 14-17, who also typically have experienced the longest length of stay in foster care. These youth generally lack resources, family, and connections, and they often experience placement instability.

Permanency Round Tables are structured, professional case consultations that:

- Develop an aggressive, innovative and realistic *Permanency Action Plan* for the child or sibling group;
- Provide a case-centered “learning lab” for professional skills development;
- Identify recurring systemic barriers to achieving permanency.

The PRT model will serve to improve legal permanency for Illinois children, (reunification, adoption and guardianship), while focusing on the well-being need for lifelong connections

for all children and youth, particularly for youth that are not able to achieve legal permanency. This has been proven successful in other states such as Georgia, Colorado, and Texas.

Foster Care

Like all parents, foster parents and relative caregivers are responsible for meeting the daily care and supervision needs of children, and to ensure their attendance at school and participation in other services determined necessary to ensure the youth's well-being. Foster and relative families also play an important emotional role supporting either the reunification of a child with her family or adoption by a new family. Foster parents are expected to support the permanency goal identified for youth in their care.

Shortages of foster families have arisen as foster families retire or become unavailable after adoption. DCFS responded to the shortage of licensed foster families by providing a modest increase in reimbursement payments to foster families to assist them in meeting basic needs like food and housing for children in their care and by creating new Resource Recruitment Specialist positions in each of the regions. Recruitment efforts are targeting the highest area of need in each of the DCFS regions based on available demographic data. These staff are responsible for facilitating a local recruitment collaborative by enlisting community stakeholders and other Department staff focused on developing and implementing recruitment planning strategies that will increase foster care resources for placements as well as enhancing retention and support.

Specialized licensed foster care provides youth who have serious medical or behavioral health issues with a more intensive level of case management and therapeutic services. These specialized foster families provide a loving home setting that avoids the more costly placement in a residential facility. Caseworkers assigned to these youth have smaller caseloads and have access to mental health clinicians and medical professionals to address needs identified in each youth's individual treatment plan. Specialized foster parents receive additional training to meet the unique needs of the youth placed with them as well as supportive services including respite and 24 hour consultation and crisis response.

The revision of Procedures 315 takes into account Kinship care and Fictive Kin. Fictive Kin expands the definition of relative to include individuals, whether related or unrelated by birth or marriage, who are shown to have close personal or emotional ties with the child or the child's family prior to the child's placement. As a result, investigators and permanency workers must ensure that not only relative placements are sought for youth entering the child welfare system, but that we explore Fictive Kin relatives as a potential placement option, and also as a resource for the minor and the family alike. These supports also help encourage the family through the process of the child welfare system and can be lifelong supports long after reunification has occurred. Procedures depict the ways in which casework staff can identify, seek out and document the efforts to locate family connection whether that is relative or fictive kin.

Shared Parenting is also introduced in the revised procedures 315. This concept helps to assure the safety of the minor while still engaging the parents to be an ongoing parental presence in their child's life while in substitute care. The also helps to minimize trauma to the child and provides a sense of stability and continuity through the partnership of the parents and foster parents. This helps forge a relationship that can lead to addressing concerns in a safe environment, all while keeping the child and parents connected. This type of practice keeps the family knowledgeable, and interactive in their service provision, as well as empowering the family of origin to be a part of the outcome.

Institution & Group Home Services

Residential treatment is provided to youth who consistently demonstrate severe emotional and behavioral disturbances associated with complex trauma such that the youth's family or current or previous caregiver cannot safely manage or adequately respond to the youth's needs. A primary goal of residential treatment is to provide an intensive level of services to rapidly stabilize acute risk issues of youth and enhance their emotional, behavioral and social functioning. While community-based services are preferred, youth that present with the most severe behavioral issues are typically served in residential campus settings with on-grounds schools. Youth whose behaviors have been stabilized or do not present risks requiring this level of restrictiveness may be placed in community group home or specialized foster care settings. Community-based group homes are also staffed by professional child care staff to provide daily therapeutic services, but the youth attend community schools.

As caretaker to approximately 1,300 children and young people being treated in residential facilities, DCFS has zero tolerance for the allegations of abuse, neglect and negligence outlined by the Chicago Tribune series "Harsh Treatment." Immediate action to remedy both the individual and systemic issues that jeopardize the safety of those in our care has been taken. The Department will continue to collaborate with stakeholders in the child welfare system to improve the quality of services and use our collective resources to better the lives of children in care.

As details of the corrective action are being finalized with key stakeholders, several important actions have already been implemented. These immediate steps include in part: monitoring and programmatic changes at specific facilities; on-going executive staff action involving the review of Unusual Incident Reports; requiring residential treatment centers to initiate immediate enhanced management quality assurance oversight and monthly reporting to DCFS; specialized clinical staffings of all youth who have been in residential treatment for 12 months or more; and a revision to necessary policies to improve the safety and well-being of all children and youth receiving residential services. Work is also being completed to strengthen the Department's tracking of missing youth as well as to enhance procedures and service provision.

The Department recognizes that many of the concerns raised are long-standing in nature. Consequently, in addition to these immediate steps, national experts will be providing

consultation in the months ahead to address concrete actions that can be incorporated quickly and conduct a fundamental review to assist in transforming practice in the years ahead. Key to this process is the recognition that children thrive best in the least restrictive and most family-like placements. When residential treatment is clinically required for a child's behavioral stability or safety, the residential treatment should be time-limited, targeted to addressing specific behavioral concerns and with the goal of returning the child as soon as possible to a less restrictive community-based setting.

Institution & Group Home (\$ in thousands)	FY15 Spending	FY16 Approp.	FY17 Request	16-17 Change	% Change
Institution/Group Home Care and Prevention (CSF)	85,756.5	0.0	98,653.8	98,653.8	n/a
Institution/Group Home Care and Prevention (GRF)	137,187.5	0.0	111,021.7	111,021.7	n/a
Total	222,944.0	0.0	209,675.5	209,675.5	n/a

Illinois Choices Care Coordination Pilot

Illinois Choices Care Management Entity Pilot is a program that provides care coordination services based upon System of Care principles to youth with severe and complex behavioral health concerns. It works to serve children and youth in the care of DCFS who have a head of household address or legal county of origin in Champaign, Ford, Iroquois or Vermilion counties and who are: 1) in psychiatric hospitals, residential /group home facilities, or specialized foster care, or 2) have been screened due to a psychiatric crisis, or 3) who are in traditional foster care and are experiencing placement stability issues. The four counties for the pilot were chosen due to high intake rates and long lengths of stay for children. Illinois Choices' care coordination services are provided through an intensive Child and Family Teaming ("CFT") model that is implemented according to High Fidelity Wraparound standards.

Behavioral Mental Health Services

DCFS recognizes the established and consistently growing evidence base related to positive outcomes for children who are served in systems that embrace and implement System of Care values and principles. Such principles include care that is family-driven, youth guided, culturally and linguistically competent, provided primarily in home and community based settings, coordinated across child-serving agencies and managed based on data-driven decisions. To further these values and principles, DCFS has created an internal System of Care committee to determine how to best infuse the values and principles into processes internal to DCFS and into services purchased by DCFS for wards with behavioral health concerns.

Counseling and Other Support Services	FY15 Actual	FY16 Est.	FY17 Projected	16-17 Change	% Change
Counseling Clients Served	3,658	3,700	3,700	0	0.0%
Child. Personal & Physical Maint. Served	5,263	5,300	5,500	200	3.8%
Intensive Placement Stabilization (IPS) and Screening, Assessment and Support Services (SASS)	5,376	5,930	5,994	64	1.1%

Intensive Placement Stabilization (IPS)

The IPS (formally known as the System Of Care) program is a community-based system of care that provides an array of critical, intensive, in-home therapeutic interventions to DCFS wards with trauma reactions, emotional and behavioral problems, for whom DCFS is legally responsible, and who are at risk of losing their current placement/living situations and their families. IPS has a long history of keeping children stable in the foster care home in which they reside with stability rates being 80-83% across FY 13, 14 and 15. Additionally, IPS has lasting success with keeping children stable after IPS services have ended. During the year prior to receiving SOC services, youth have almost one placement change each year. While in SOC services the rate of placement disruptions drop to approximately one placement change every two years. Following SOC services placements are even more stable, youth average one placement change every four years.

IPS has been expanded to focus on early identification and engagement of children at risk for repeated instability as evidenced by two or placement changes moves in one year. Additionally, IPS is working with families whose children have been psychiatrically hospitalized to ensure intensive in-home services are provided during the critical 6 months post hospitalization. IPS also has added an Evidence-Based Practice to the service array. TARGET (Trauma Affect Regulation: Guide for Education and Therapy) is designed for children ages 12 and older who have complex trauma exposure resulting in behavioral and emotional problems that often impact their long-term stability and wellbeing. The intention is to use this model to work with children and their families that are stepping down from higher levels of care such as Residential and Group Home placements.

Behavioral & Mental Health (\$ in thousands)	FY15 Spending	FY16 Approp.	FY17 Request	16-17 Change	% Change
MCO Technical Assistance and Program Development (GRF)	1,359.7	0.0	1,376.1	1,376.1	n/a
Pre-Admission/Post Discharge Psychiatric Screening (GRF)	2,902.9	0.0	2,935.9	2,935.9	n/a
Psychological Assessments (CSF)	2,714.9	0.0	3,010.1	3,010.1	n/a
Total	6,977.5	0.0	7,322.1	7,322.1	n/a

Daycare

Daycare services are provided through the Department for two purposes. First, protective daycare is provided to children who have been abused or neglected, but whose risk of being further abused or neglected can be markedly reduced or eliminated through the provision of day care services, in combination with other services. Second, as part of the family maintenance portion of the appropriation, some families receiving child welfare service, and a number of foster care homes caring for Department wards, are eligible to receive employment-related day care services for those children.

Day Care (\$ in thousands)	FY15 Spending	FY16 Approp.	FY17 Request	16-17 Change	% Change
Protective/Family Maintenance Day Care (GRF)	23,776.7	0.0	23,786.9	23,786.9	n/a
Total	23,776.7	0.0	23,786.9	23,786.9	n/a

Health Care Network

The Office of Health Services, in partnership with the Department's Medical Director, is responsible for overseeing health care services provided through a statewide, comprehensive health care delivery system for children in foster care. For FY 15, the analysis of Medicaid information for children in foster care indicated the need to focus on improvements in the immunization status of adolescents in foster care and the effective management of children and youth who are diagnosed with Asthma.

HealthWorks of Illinois is collaboration between DCFS and the Departments of Healthcare and Family Services (DHFS) and Human Services (DHS). The program is administered by nineteen lead agencies covering all 102 Illinois counties. Lead agencies ensure that children in foster care have access to a comprehensive array of health care services and that the work of child welfare staff is supported to meet the well-being needs of children in their care.

The health care delivery system, HealthWorks of Illinois Program, was implemented to ensure that all children in the legal custody of DCFS have access to quality health care in response to

the requirements of the federal B.H. Consent Decree. The program has proven successful in ensuring access to quality health care with the following FY15 outcomes:

- 80.2 percent of new wards received an Initial Health Screening within 24 hours of being taken into protective custody;
- 89.3 percent of wards are/were current with state required immunizations;
- 90.2 percent of wards under 3 years of age are/were current with Well Child Exam requirements;
- 81.0 percent of wards 3 years and older are/were current with Well Child Exam requirements.

Health Care Network (\$ in thousands)	FY15 Spending	FY16 Approp.	FY17 Request	16-17 Change	% Change
Health Care Network (CSF)	2,317.8	0.0	2,361.4	2,361.4	n/a
Health Care Network (GRF)	1,603.4	0.0	1,624.5	1,624.5	n/a
Total	3,921.3	0.0	3,985.9	3,985.9	n/a

Brighter Futures

Over the past year, DCFS has placed a greater emphasis on well-being to ensure a brighter future for every child in our care. In an effort led by the Department, Illinois was one of only seven states selected by the National Governor's Association to participate in the Three Branch Institute on Child Social and Emotional Well-being. The Three Branch Institute brings together leaders from the Department and other key executive branch agencies, Illinois legislative leaders and the Illinois courts to develop a core set of common standards to assess child well-being and recommendations for system reform with the support of nationally recognized experts. At the same time, DCFS and the Illinois State Board of Education (ISBE) have joined forces to ensure the academic success of youth in the Department's care, with ISBE sharing key data on individual student performance including academic achievement, attendance and discipline.

Also, the Department is working with our nonprofit partners providing core services to Department wards to develop and incorporate benchmarks for child well-being into the same performance-based contracts which measure child safety and permanency achievements. These systemic changes will not only lead to a brighter future for individual children at the case level, but also provide objective performance measures of well-being for evaluating staff, programs, contractual providers and the child welfare system as a whole.

Critical Strategies:

- Establishment of an Office of Child Well-Being and the implementation of federal waivers;
- Development and support of an evidence based, trauma informed practice;
- Renewed focus on transition planning for youth aging out of care that includes: improved youth engagement strategies, promotion of enrollment in post-secondary and employment training programs, implementation of financial literacy training for older youth, and a multisystem approach to homelessness prevention through a federal planning grant awarded to DCFS and the Illinois Collaboration on Youth (ICOY).

Pay For Success

The Department launched a seven-year Dually-Involved Youth Pay for Success pilot initiative in conjunction with ideas studied and developed by the Harvard Kennedy School Social Impact Bond Technical Assistance Lab. The project will provide wraparound community-based services to increase placement stability and improve youth employment, educational and recidivism outcomes for justice-involved youth at a high risk of reoffending.

The Pay for Success project will serve youth who are dually-involved with the child welfare (IDCFS) and juvenile justice systems (IDJJ) through the Conscience Community Network, LLC, (CCN) which is a network of six (6) Illinois nonprofit service providers including One Hope United, Maryville Academy, Uhlich Children's Advantage Network, SGA Youth and Family Services, OMNI Youth Services, and Youth Outreach Services.

One Hope United serves as the lead agency, coordinating intake and referrals and serving as the fiscal agent. CCN's service provision is based on the Crossover Youth Practice Model (CYPM), developed by the Georgetown University McCourt School of Public Policy –Center for Juvenile Justice Reform. This practice model focuses on breaking down systemic barriers to enable early identification of children and youth who are likely to become dually involved youth with advocacy in the courts, access to trusted care alternatives, and coordination of case management of dually-involved youth.

Based on that practice model, CCN provides intensive case coordination through a fidelity wraparound model that ensures youth access to both evidence-based, community based and non-traditional treatments and supports that address the individual and family behavior needs for dually-involved youth. The ramp-up phase of the Pay for Success pilot project launched in November 2015, beginning with four (4) counties (i.e., Cook, Lake, Jefferson and Franklin), and is expected to last six months. The target population is youth between their eleventh and eighteenth birthday who both (1) have a legal case originating in a specific county; (2) currently reside in counties being served by the program; (3) and are dually-involved or at risk for dual involvement with both child welfare and the juvenile justice. After the ramp-up phase, the Pay for Success project will target 200 youth, ages 11 to 17, each-year for four years. The project is anticipated to be operational for 7.5 years.

Therapeutic Foster Care

DCFS is creating three five-year-pilot-programs for therapeutic foster homes using evidence informed models. Therapeutic Foster Care (TFC) is a community and family based service for children and youth whose emotional and/or behavioral needs can be met through intensive foster care as an alternative to residential care. TFC involves homes where at least one parent does not work outside the home and where no more than one or two children are placed. TFC pilots are targeted for Cook, Kane and Winnebago counties. These areas were determined by Chapin Hall of the University of Chicago as having the highest need for home based placements. An RFP process is selecting the providers with a final decision to be made by March 15, 2016. The goal is to develop a total of 300 TFC placements within the first two years of the program. The programs results will be evaluated by Chapin Hall with a focus on the success of the program in guiding the children and youth to stability and a permanent family home.

Advancing Behavioral, Cognitive and Social Development

The Birth through Three Title IV-E Demonstration: Child and Family Intervention

In July 2013, the DCFS Office of Child Well-Being launched a five-year Title IV-E Waiver Demonstration project through the federal Department of Health and Human Services' Children's Bureau of the Administration for Children and Families. The demonstration project provides therapeutic and psycho-educational services to very young children (birth to 3 years old) and their caregivers. Nineteen (19) agencies throughout Cook County, including three DCFS offices, have been selected to participate in the project. The project goal is to implement interventions that reduce trauma symptoms, improve child well-being, increase reunification and reduce re-entry into foster care. Infants and toddlers and their caregivers receive either the evidence-based, trauma-informed Child Parent Psychotherapy or Nurturing Parenting Program.

Early Childhood Developmental Screenings

The Early Childhood Developmental Screening program conducts developmental screenings on all children ages birth to three who come into care, and for Intact Family Services cases. Screenings are conducted by specially-trained master's level developmental screeners. Screenings identify developmental needs across all domains including physical, cognitive, and social/emotional development. With the implementation of the Title IV-E Waiver, early childhood supervisors also provide consultation and quality assurance reviews for the enhanced assessments provided to all children in Cook County, 0-3, coming into care. Non-waiver children are referred for early intervention and therapeutic services as needed.

Specialty Services

The Division of Clinical Practice & Development provides expert consultation, training, and education on several specialty areas including: Alcohol and Other Drug Abuse (AODA); Deaf/Hard of Hearing; Developmental Disabilities; Domestic Violence; HIV/AIDS; Lesbian, Gay, Bisexual, Transgender, Questioning and Intersex LGBTQI; Integrated Assessment; Clinical Interventions for Placement Preservation (CIPP); Psychiatric Services; and Adult Mental Health.

The AODA program received an extension of their ongoing IV-E waiver demonstration in Cook, St. Clair and Madison counties. The Title IV-E AODA waiver demonstration is designed to improve reunification and other family permanency and safety outcomes for foster children from drug-involved families. The proposal as approved by the Administration for Children and Families seeks to improve child welfare outcomes by providing an on-site AODA assessment service through the Juvenile Court Alternatives Program (JCAP), and by utilizing Recovery Coaches to assist birth parents with obtaining AODA treatment services and in negotiating departmental and judicial requirements associated with drug recovery and concurrent permanency planning.

In 2015, DCFS received a federal grant from the U.S. Substance Abuse and Mental Health Services Administration for funding to support services to families in the Family Treatment Drug Court. Families served in the new federal project will be eligible for substance abuse Recovery Home services for parents and their children, as well as substance abuse and mental health treatment services, medication assisted treatment services for heroin and opiate dependent individuals, trauma informed services for children, job training, and education services for parents. The project is designed to serve 81 DCFS families over the three years. Services provided through this federal grant are intended to increase the number of reunifications for substance abuse affected families.

For Deaf/Hard of Hearing Services, the Department is working with both the Illinois Service Resource Center (ISRC) and Illinois Deaf and Hard of Hearing Commission (IDHHC) to develop a parent training for deaf parents. The training specifically targets the challenges that a Deaf or Hard of Hearing parent would face when parenting.

The Domestic Violence Intervention Program strengthened partnerships with community-based domestic violence professionals and stakeholders through ongoing participation in various local and statewide taskforces and committees. These include: the Illinois Department of Human Services, the Illinois Family Violence Coordinating Council, the Domestic Violence Courthouse in Chicago, the City of Chicago Department of Family and Support Services, the Illinois Coalition Against Domestic Violence. The program developed an educational resource for child welfare professionals regarding the co-existence of child abuse, domestic violence and animal abuse. Youth Summit workshops in 2015 focused on discussions around healthy non-abusive relationships, planning for safety and identifying support/services, and in May 2015, the

Domestic Violence Program Administrator was awarded with the “2015 Service Award in Recognition of Outstanding Social Service” by the Clerk of the Circuit Court of Cook County.

The LGBTQI Program has continued practice to help ensure that LGBTQI youth and families involved with the Department or private agencies are afforded affirming services and interventions. The creation of the Rainbow Youth committee, which solidifies inter-divisional supports for LGBTQI youth, was initiated in 2015. This committee created LGBTQI youth rights palm cards and posters for use by DCFS and private agency providers. Recruitment and retention of foster and adoptive parents for LGBTQI youth is also a focus. In-service training regarding working with LGBTQI youth and families is ongoing and the Department is creating a stand-alone online training for child welfare staff.

The HIV/AIDS Program provides specialty consultation and service referrals for youth and families affected by HIV/AIDS. CORE Center and Children’s Place are specific partners who provide educational and emotional supports as well as HIV/AIDS care/case management (CORE Center) for children and families. IDCFS and IDPH have entered a new collaboration phase to address the need of HIV positive and at-risk Department-involved youth for HIV supportive services and prevention education.

Clinical Intervention for Placement Preservation

Clinical Interventions for Placement Preservation (CIPP) are convened by an Independent Facilitator during episodes of placement instability and are designed to bring together youth, families and caregivers with their caseworker, casework supervisor, and community treatment providers to develop plans that will preserve placements when clinically appropriate to do so. This team decision process (adapted from a Casey model) allows for a much stronger voice in planning from the family, youth and caregiver. This voice increases the efficiency and effectiveness of the services and resources that have been recommended. For youth placed in transitional shelters, CIPPs are convened onsite. Benefits of CIPP specifically for youth in shelters include:

- Increased participation from youth;
- Participation from staff currently providing care/supervision of the youth;
- Quick clarification regarding medical concerns due to access to medical records at the shelter clinic;
- CIPP Facilitators have an ability to gain day-to-day information on a youth through observation and access to milieu staff to help determine placement type;
- Enhanced coordination and communication.

In FY16, CIPP and Discharge-CIPP (D-CIPP) Facilitators began collaborating with a Trauma Consultant to consistently reinforce trauma informed practice by modeling skills and sharing trauma-competent information at critical case-points. Stakeholders (professional and non-professional) are learning to shift their perspective regarding the youth and family and

enhancing the team decision process to increase placement preservation. CIPPs became a multidisciplinary initiative through coordination with Administrative Case Review (ACR), the Department of Juvenile Justice (including meetings held at DJJ facilities), the System of Care (SOC) program, and Family Advocacy Centers (FACs), all being included to participate in supporting the development and implementation of the youth's plan. In addition, discharge staffings (D-CIPPs) were implemented for all 19 and 20 year olds to enhance the youths' transition plans and build a support system for the youth as they emancipate from the child welfare system.

Integrated Assessment

Through the Integrated Assessment Program, each child coming into care is provided with a comprehensive clinical assessment. The Integrated Assessment (IA) is designed to look at the medical, social, developmental, behavioral, emotional, and educational domains of the child and of the adults who figure prominently in the child's life. When the initial assessment is completed as part of the IA program, child welfare caseworkers and licensed clinicians interview the children and adults and gather and review all investigation screenings, past provider assessments, background reports, treatment and school records, and other case documentation. In addition, the IA takes into consideration the experiences of childhood trauma for both children and adults. This information is then integrated into a report that provides an understanding of individuals' histories, family dynamics, strengths, support systems, and service needs for each child and adult. The report is to be completed within 45 days of the child entering out-of-home care.

The overall number of children and family cases served by IA increased slightly in FY15, particularly in Cook region. A total of 3,780 children were assessed in FY15 and 2,472 families were assessed. Regional breakdown for children assessed in FY 15 includes: Northern Region, 726; Central Region, 1,146; Southern Region, 427; and Cook Regions, 1,317.

In FY16, the Integrated Assessment Program continues efforts to strengthen collaboration between the caseworker and IA screener supporting the dual professional model and enhancing case work practices around the family-centered, trauma-informed, strengths-based practice model. The IA Program focuses on engaging fathers in the assessment process, enhancing the assessment of adverse childhood trauma experiences of parents and impact on engagement and positive child welfare outcomes. In addition, enhanced Birth-to-Three developmental screens and parenting assessments have been added in coordination with the Illinois Birth to Three Waiver Program. The IA Program has also collaborated with the Office of the Inspector General to develop a special assessment program for parents of children who have committed egregious acts of maltreatment, and is assisting the Pay for Success Initiative in identifying youth who cross from the juvenile justice to the child welfare system. As noted previously, the IA Program is recognized by California Clearing House for innovative practices as a national model for assessment.

Psychiatric Services

The Continuity of Care Centers (CCC) provide a new model for delivering outpatient psychiatric and therapy services. Offering both services in one location assures the continuity between providers as well as having case managers to provide care coordination for the high-need children and youth that require medication. Medicaid is billed directly for psychiatric medication administration and management, maximizing Medicaid reimbursement.

There are currently three locations in the Cook Region and one opening during the third quarter of FY16, in Springfield. Our goal is to open a fifth CCC in the Northern Region later this year. Each CCC has a capacity of 30 clients. To date, all have remained at full capacity. To meet our increasing demand for psychiatric services, the Division is also working to pilot a tele-psychiatry initiative in the Central and Southern regions where psychiatrists are in short supply.

Psychological Consultation Services

The Department's Consulting Psychologists are Licensed Clinical Psychologists with extensive child welfare experience and trauma training to provide consultative support to the caseworkers and supervisors as needed. In addition to over-seeing the 130 approved testing providers statewide, Consulting Psychologists provide routine and high-profile case review, attend case staffings and hold membership on various workgroups within the division, across divisions, and interagency. The Consulting Psychologists review referrals for psychological evaluations to assure that evaluations are necessary and appropriate, and provide immediate response for crisis and urgent situations. Last year, the Psychology Program averaged 3,200 testing referrals, 1,200 consultations, and participated in more than 1,200 meetings, staffing and presentations. This program defers or rejects approximately 26% of requests for psychological assessments, representing a significant cost savings for the department while ensuring that children only receive assessments when most appropriate and useful.

Trauma-Informed Practice

The Office of Trauma-Informed Practice (OTIP) is comprised of doctoral-level trauma experts who integrate clinical expertise in the effects of trauma on children and families into child welfare through all levels of practice within the Department. OTIP has developed a variety of trauma-based trainings for residential facilities focusing on clients with mental health needs, as well as those with developmental disabilities, and is currently providing leadership in the on-going development of qualification standards for trauma-informed therapy providers. OTIP has also played a leadership role in the administration of a five year federal grant focusing on the utilization of an evidenced based (EBP) trauma intervention for adolescent clients, and collaborating with external partners to offer trainings in multiple EBP's to providers throughout the state. In FY16, the Department's Consulting Psychologist will provide training to our fee-for-service testing and treatment providers on the Department's Family Centered, Trauma Informed and Strengths Based (FTS) practice model.

Additionally, the Department is currently implementing a “credentialing” project to ensure all contracted therapy and counseling providers’ services to our children and families are trauma-trained and versed in trauma-informed, evidence-based clinical treatment services. The intent of creating a multi-tiered trauma treatment credentialing provider network is to implement, through the Division of Clinical Practice and Training and Office of Contracts, a system that utilizes criteria for qualifications, training, client satisfaction and efficacy of delivery for trauma-informed treatment services.

Psychiatric Hospitalization Reform

The Psychiatric Hospital Program (PHP) focuses on children who are hospitalized for mental health reasons. The PHP liaisons are an integral part of the children’s treatment teams because they partner with the children, the Screening, Assessment and Support Services (SASS) agency workers, the hospital treatment staff, the child welfare workers, the foster parent, other caregivers and the regional clinical staff to ensure that comprehensive discharge plans are developed while the children are hospitalized. This partnership, with all appropriate people on the children’s multi-disciplinary teams, provides continuity of care for when the children return to the community.

The PHP unit is currently tracking trends such as reasons for hospitalizations, the ages of the children who are hospitalized, if these children have been refused a return to their home or placement prior to the hospitalization (lockouts), whether or not the children were adopted through DCFS, which children have had multiple hospitalizations, the types of treatment modalities that are being used in hospitals and/or included in the hospital discharge plans and whether the treatment is family and trauma focused and available for the children in their post hospital placements. The PHP is in the development phase of building a specific team of mental health experts that will be alerted to begin working with a youth and their caregivers from the moment the youth is hospitalized. The expectation is that this team will aim to stabilize placement and to keep as much of a continuity of care connection in place while the youth is receiving psychiatric care and post-discharge.

Improving Education Outcomes

The Department is committed to increasing the educational opportunities for our children in care by helping them do well in school, stay in school, and find the best schools available for their emerging skills. Research has shown that the educational well-being of children will determine their fate in the future in terms of living situations, stability, job satisfaction, and financial fortitude. From early childhood through college-level training, the attention of caseworkers, caregivers and other Department staff is critical to the educational progress of children.

Improving educational outcomes through a range of services that include:

- The DCFS School Readiness Initiative (SRI) ensures that children age three to five are enrolled in an early learning program so that they enter kindergarten ready to learn. SRI begins immediately for children with DCFS involvement, including those in substitute care, children who participate in Intact Family Services and the children of teenagers in DCFS care.
- Services to re-enroll drop-outs that include services through Alternative Schools Network and educational mentoring for high-risk youth.
- Educational Access Project with Northern Illinois University offers technical assistance related to children's educational issues, with an increasing emphasis on post-secondary programs. A system of educational advisors in each region provides ongoing support for staff, school personnel, and foster parents.
- DCFS Scholarship Program: DCFS awards 53 college scholarships each spring.
- Youth in College/Vocational Training Program—Under this program, DCFS youth are provided financial assistance and support achieving economic independence while completing their college education.
- Find Your Future program helps DCFS college students find internships or entry level positions that complete their college experience and launch their careers.

Preparing Youth for Adulthood

Children in DCFS care that are age 13 and older are far less likely to be adopted or discharged to private guardianship than their younger peers. As a result, DCFS is increasingly serving older youth that need to be prepared for independent living, and the Department is committed to continuously improving the quality and breadth of services available to adolescents. To identify and meet the needs of older youth, DCFS provides appropriate life skills assessments, transition planning and supportive services until self-sufficiency has been achieved for all youth in care. Transitional Living and Independent Living programs provide a seamless continuum of services transitioning youth to adulthood.

Transition planning begins when youth reach age 14 and includes a formal assessment. The nationally recognized Casey Life Skills Assessment is completed for all youth in care at ages 14 and 16, and again six months prior to discharge. Life skills are taught within the substitute care environment. Job skills are taught through volunteer or vocational experience to high school age youth. Drug abuse counseling and treatment are provided to youth who need these services. To assist youth in planning for self-sufficiency, a Youth Driven Transition Plan is developed for all youth in care at age 17 and reviewed and updated on an on-going basis, with a final review 90 days prior to discharge from care.

The Youth Housing Assistance Program provides help obtaining stable housing for youth who are aging out of DCFS care or have aged out.

The program provides the following services:

- Assistance in finding housing;
- Cash assistance to stabilize housing;
- A partial housing subsidy for youth with a closed DCFS case.

Housing advocacy services can be provided as much as six months prior to the date that the case is closed. Cash assistance, including the housing subsidy, can be provided after the youth has turned 18. All services must be provided prior to the youth's 21st birthday.

The Department receives a federal grant through the Chafee Foster Care Independence program. The Chafee program helps youth transition to self-sufficiency by:

- Helping youth receive the education, training and services necessary to obtain employment;
- Helping youth prepare for and enter post-secondary training and education institutions;
- Providing personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults;
- Providing support for financial, housing, counseling, employment, education and other appropriate services to former foster care recipients ages 18 to 21.

The Department contracts with Uhlich Children's Advantage Network to provide a system of administrative and clinical services for pregnant and parenting teens under the custody of DCFS. The Teen Parent Service Network focuses on four major goals for its clients:

- Ensure the safety and well-being of the children while in the program (physical, social, emotional);
- Develop parenting abilities and family choices, including subsequent pregnancy prevention;
- Prepare for independence, with an emphasis on education and vocational development; and
- Develop a positive support network through both personal relationships and community resources.

Older Ward Transition (\$ in thousands)	FY15 Spending	FY16 Approp.	FY17 Request	16-17 Change	% Change
Department Scholarship Program (GRF)	991.5	0.0	1,212.8	1,212.8	n/a
Independent Living Initiative (Chafee) (CSF)	7,398.4	0.0	9,300.0	9,300.0	n/a
Youth in Transition Program (GRF)	864.5	0.0	866.8	866.8	n/a
Total	9,254.4	0.0	11,379.6	11,379.6	n/a

Countdown to 21

Since July 2014, nearly 1,000 young-adults have been actively engaged in planning for a lifetime of success after emancipation from care through the Countdown to 21/D-CIPP process. Consistent with best practice in the area of youth transition (Casey Youth Initiatives, CSSP, You Thrive), the Countdown to 21/D-CIPP program emphasizes the importance of renegotiating relationships and identifying concrete and social-emotional supports, which includes goal-setting and financial literacy. Through the D-CIPP team decision making process, youth are empowered to identify their assets and opportunities and to share responsibility for their outcomes. The youth's external supporters are able to clarify their needs and expectations while respecting the young-adult's voice and choices. This self-determination works to build the resilience to remediate the trauma that youth have endured, and promotes positive youth development. The process also teaches the necessary skills for navigating through adulthood, as the D-CIPP concludes with the creation of a "Youth Driven Transition Plan" that follows the youth through the remainder of his time in care.

Countdown to 21 also ensures that all youth in care, ages 19 and older, receive comprehensive financial literacy training. Youth who engage in the D-CIPP, emancipate from an authorized placement, have an identified "support" person; receive a \$1,200 emancipation benefit to assist them in implementing their own transition plan (the benefit is only for those who have completed the financial literacy training requirement). Illinois was among the first states to extend care to the age of 21. Data provided by DHHS and Chapin Hall finds that extending care increases the likelihood that a youth will graduate from high school which in turn reduces the likelihood of being involved in corrections, public assistance and other systems that are more costly over time than offering extended care.

Supporting Adoption and Guardianships

The Department of Children and Family Services (DCFS) makes every effort under court supervision to reunite children with their biological families. For children who can't return home a concurrent plan is developed with the relative foster parent, fictive kin foster parent or the traditional foster parent to adopt or become the private guardian through the KINGAP program. The Department of Children and Family Services realizes the valuable contributions families make in giving a child a permanent family through adoption or guardianship. By making this lifelong commitment to provide a forever home and family for children, adoptive parents and guardianship parents have ended the formal day to day involvement with DCFS. It is important to DCFS that adoptive and guardianship families do more than survive, they should thrive. Every family who adopts via private adoption, international adoption or through DCFS and every family that becomes the guardian via private or through DCFS KINGAP are eligible to participate in an array of Post Adoption Support Services.

Adoption Permanency Services

Key Performance Measures

- The rate of new adoptions and guardianships will increase to 17% of children in foster care per year;
- 513 average days between the date adoption is set as a goal and adoption finalization.

Adoption & Guardianship	FY15 Actual	FY16 Est.	FY17 Projected	16-17 Change	% Change
Reunifications	2,249	2,104	2,150	46	2.2%
New Subsidized Adoptions	1,841	1,700	1,720	20	1.4%
Total Subsidized Adoptions	20,433	19,802	19,248	-554	-2.8%
Adoption/Guard. Preservation (Children Served)	1,416	1,400	1,600	200	14.3%
New Subsidized Guardianships	457	410	410	0	0.0%
Total Subsidized Guardianships	2,966	2,888	2,824	-64	-2.2%

In FY16, an estimated 25,560 children and youth will receive adoption or subsidized guardianship assistance. Creating permanent and loving homes involves preserving and reunifying families; providing out of home placements and services; and supporting adoptions and guardianships for children who cannot return home.

Over the last 10 years, more than 15,700 children have been adopted through DCFS and another 4,800 children have achieved permanency through the guardianship program. The finalization of an adoption does not mean the end of the Department's support of a former ward and his or her new family. On the contrary, DCFS continues to support adoptive families in significant ways.

Adoption & Guardianship (\$ in thousands)	FY15 Spending	FY16 Approp.	FY17 Request	16-17 Change	% Change
Adoption and Guardianship Services (CSF)	92,928.9	0.0	83,688.4	83,688.4	n/a
Adoption and Guardianship Services (GRF)	86,810.0	0.0	86,987.8	86,987.8	n/a
Total	179,738.9	0.0	170,676.2	170,676.2	n/a

Post-Adoption and Guardianship Preservation & Support Services

Every family who adopts through the Department and or families who adopt through Private Agencies (children are Title IV-E eligible), are eligible for an adoption or guardianship subsidy. Subsidies include medical coverage provided through Medicaid as well as monthly subsidy payments to help meet the child's basic needs. The subsidy amount is based on the foster parent board rate payment at the time of the child's adoption. For all non-ward adoption completed through Private agencies, subsidy payment rates are based on the needs of the child.

The Department offers an array of Adoption and Post Adoption support services which include:

- Individual and Family Counseling
- Specialty Counseling
- Support Groups
- Therapeutic Day Care
- Crisis Intervention
- Comprehensive Assessment
- Case Management and Advocacy Services
- Respite
- Search and Reunion Services
- Adoption Registry
- Older Care Giver Services

Key Performance Measures

- 95% of adoptive families receiving preservation services will remain intact
- 95% of adoptions and subsidized guardianships will remain stable

Adoption Support Line

In order to meet the needs of Illinois Adoptive and Guardianship families whether they reside in State or out of State and are Private Non-ward adopted families. The Department has a toll-free Adoption Support Line staffed by post adoption staff during regular business hours. Post adoption workers assist callers in answering questions about adoption and providing referrals for services. The support line identifies resources for the adoptive families to expedite immediate assistance.

Adoption and Guardianship Preservation Program

Adoptive families can experience unique challenges as family members adjust. The Adoption and Guardianship Support Program provides help to all adoptive families including DCFS adoption and guardianship, private domestic adoptions and international adoptions in Illinois in need of services. DCFS provides adoption preservation services statewide by contracting with nonprofit agencies that serve a specific region. The preservation services providers' main goal is to engage the whole family and keep the family intact. The preservation specialist works with all members of the family, not just the child, to identify ways that they can work together as a unit.

Maintaining Adoption Connections (MAC)

MAC services are provided to Illinois Adoptive and Guardianship Families that reside in the Cook County and surrounding Counties. The MAC services providers are contracted nonprofit agencies. The MAC service provisions include all the services that are provided by the Preservation Supports Agencies, but are targeted to reunite disrupted adoptive and guardianship families.

Accountability

The Illinois Department of Children and Family Services is committed to ensuring that all children have safe, loving homes and that children who come into the Department's care have brighter futures, supported by quality services that promote their emotional, academic, social, cognitive and physical well-being and development.

It is an ambitious goal which requires both the highest standards and the resources aligned to achieve them. Those high standards require a rigorous and objective system of performance measures by which the Department and the public can gauge the success of our staff, individual programs and the wide array of organizations that provide services to children and families.

As a result of significant budget cuts over the past several years, DCFS has conducted a strategic review of every program to ensure that it is tightly aligned with federal and state mandates and our core mission, as well as providing cost-effective results.

Key Outcome Measures

- 95% of the certification/recertification of providers for Medicaid Community Mental Health providers will be completed in a timely manner.
- Day care provider billings will be processed within 10 days from receipt of an accurate bill.
- 95% of foster care agency and institutional/group home licenses will be completed/renewed on time.
- 95% of the agency monitoring visits will be conducted at required frequencies.

Office of Information Technology Services

Over the past year Office of Information Technology Services (OITS) developed and deployed a significant update of the Statewide Automated Child Welfare Information System. In addition, servers were procured and a full refresh of our data center equipment is in process. This coming year, OITS will focus on providing the necessary infrastructure to allow our staff to be more mobile. This will be accomplished by refreshing the laptops in the field with lighter, more portable laptop/tablet equipment, implementing wireless LAN access in key locations, and implementing a mobile device management solution to allow more flexibility with the use of smart phones.

Accountability to the Public

Advocacy staff advocate for the best interest of children. They respond to a variety of callers and provide a broad scope of guidance while making sure that the Department's actions comply with Rules. The Advocacy Office responds to approximately 6,000 parents, foster parents, youth, relatives and child advocates who have questions, concerns or recommendations regarding specific cases and about the child welfare system as a whole each year. Older youth,

in particular, rely on the Advocacy Office to provide support and information regarding the child welfare system and information on its services and supports available in their communities.

The Advocacy Office also works closely with the Office of the Governor, legislators, and other public officials to troubleshoot, clarify, mediate or resolve problems where possible. The office ensures that complaints, systemic issues or agency structural concerns are brought to the attention of appropriate Departmental leadership who work to resolve those issues.

Policy & Advocacy	FY15 Actual	FY16 Est.	FY17 Projected	16-17 Change	% Change
<u>Administrative Hearings</u>					
Expungement	3,896	4,050	4,200	150	3.7%
Service Appeals	379	390	400	10	2.6%
Licensing/Payments	68	75	80	5	6.7%
<u>Advocacy</u>					
Interventions	4,951	5,766	5,400	-366	-6.3%
Youth Hotline	227	334	400	66	19.8%

Office of the Inspector General

The role of the Office of the Inspector General is to provide accountability for services to children and families. In accordance with state law, the Office of the Inspector General responds to and investigates allegations of misconduct, misfeasance, malfeasance and violations of rules, procedures or laws by an employee, foster parent or contractor of the Department. In addition, the Office of the Inspector General investigates the deaths of Illinois children in which there was an open DCFS case or Department involvement within the previous twelve months.

Inspector General	FY15 Actual	FY16 Est.	FY17 Projected	16-17 Change	% Change
Complaints Registered & Investigated	3,783	3,800	3,850	50	1.3%

The Office also investigates allegations pertaining to Child Welfare Employee Licenses (CWEL) issued to both Department and private agency direct child welfare workers. In FY15, 22 CWEL investigations were referred to the Office of the Inspector General. The Office provides technical assistance regarding CWEL applicants and serves on the Emergency License Review Team. In addition, the Office serves as the Department Representative in all administrative hearings concerning Child Welfare Employee Licenses.

The Office of the Inspector General is required by statute to develop Error Reduction Implementation Plans to remedy patterns of errors or problematic practices that compromise or threaten the safety of children as identified in the Inspector General's death and serious injury investigations and by Child Death Review Teams. The Inspector General has developed a training curriculum and introduced child protection investigators, their supervisors and managers and intact family services staff to the concept of error management – i.e., what can be done to prevent the occurrence of tragic error by applying error reduction methods to child protection investigations of allegations of cuts, bruises, and welts, since these allegations are often a precursor to the fatality of young children.

As the Ethics Officer for the Department of Children and Family Services, the Inspector General also reviews Ethics Statements for possible conflicts of interest of DCFS employees and coordinates DCFS compliance with the statewide ethics training mandated under the Illinois State Officials and Employees Ethics Act of 2003. In FY15, 2,704 DCFS employees and 351 DCFS board and commission members completed the State Ethics training. The Inspector General reviewed 626 Statements of Economic Interest required to be completed by Department employees and members of the Children and Family Services Advisory Council.

Achieving High Professional Standards for Staff

The Office of Professional Development, a part of the Division of Clinical Practice and Development, sets high professional standards through training to support the job knowledge, skills, and ability of staff, foster caregivers, adoptive parents, and allied helping professionals who provide child protection and child welfare services. Statewide training includes initial pre-service training for both public and private child welfare staff and foster parents, as well as ongoing in-service training to keep staff and foster parents current in the field and abreast of any changes to policy and practice.

The Department classroom training programs are conducted through three regional training centers, located at Aurora, Chicago and Springfield. In addition to classroom training, the Department maintains close to twenty on-line training courses and an on-line record system that can be accessed by staff, foster and adoptive parents twenty-four hours a day from work or home (www.dcfstraining.org). The Department also provides training through the use of web-meeting and video-conference technology, enabling reduced costs of time, travel and other direct expenses.

Licensing

The Division of Licensing is charged with ensuring licensed foster homes across Illinois meets standard requirements. In addition to home inspections, licensing standards for foster homes require background checks that include:

- A search of the National Crime Information Databases and child abuse and neglect registries of other states for family members that have lived out-of-state in recent years;
- Fingerprinted background check both state and nationally for anyone in the home age 18 or older;
- Child Abuse and Neglect System database and National Sex Offender Registry check for all family members that are 13 and older;
- Background checks on any new members to the household age 13 and older as well as a reevaluation of the family's placement capacity.

Licensing	FY15 Actual	FY16 Est.	FY17 Projected	16-17 Change	% Change
Private Agency Foster Homes	9,225	9,134	9,130	-4	0.0%
Department Foster Homes	1,678	1,631	1,630	-1	-0.1%
Child Welfare Agencies	168	162	160	-2	-1.2%
Institutions, Group Homes, Youth Shelters, Maternity Centers, Others	194	192	190	-2	-1.0%
Day Care Centers, Agencies	3,104	3,080	3,080	0	0.0%
Day Care Homes	7,821	7,609	7,610	1	0.0%
Group Day Care Homes	755	755	760	5	0.7%

Ensuring High Quality Day Care and Child Care

In conjunction with the Day Care Licensing Advisory Council and the Governor's Office of Early Learning, DCFS implemented a strategic planning process to guide the work over the next two years to enhance the day care licensing system and early learning practice under a federal "Race to the Top" grant. The Committee identified four main areas from the planning retreat:

- System Integration;
- Data;
- Training;
- Communication.

Sub-Committees were formed to work on the top four strategies. A Weighted Licensing and Risk Adjustment monitoring system for day care centers, group homes and day care homes are

also being developed. Similar to the provider Monitoring Levels, this system will weight licensing standards to help focus monitoring activities on more serious licensing violations. Day care licensing staff will receive notebook computers and portable printers as a part of the implementation process. The division is also moving forward the development of an On-Line Licensing Application process that will cut down on processing time and reduce the number of applications submitted with incomplete information.

The Division of Licensing and Monitoring is responsible for upholding Illinois standards in over 8,000 day care homes, 3,000 day care centers and 700 group day care homes across Illinois.

Monitoring Contractor Performance

In FY 2016, DCFS created the Division of Monitoring as an independent division with emphasis on strengthening the current internal monitoring of youth in the following: foster care, intact family and residential care. In addition, the Department is in the process of adding clinical and programmatic analysis. Performance-based contracting is a results-oriented-system in which providers deliver measurable results for youth. Providers are monitored to ensure outputs and outcomes are measurable and aligned with contract expectations and child welfare system reforms to reduce the number of children in care and their length of stay in substitute care.

In FY 2017, DCFS along with the University of Illinois at Chicago, Northwestern University and Chapin Hall at the University of Chicago will implement a comprehensive residential monitoring system. The new monitoring system will include internal and external monitoring of therapeutic residential service programs. It will assess the safety, well-being, quality of services and progress of youth in these facilities in an ongoing and integrated way. Implementation and evaluation of the monitoring system will be integrated into DCFS' overall strategic plan to reform residential services and assist DCFS in assessing its progress towards reform.

Exceeding the Highest National Standards

The Department continues to strive for excellence by meeting the rigorous standards of the Council on Accreditation (COA), the nation's largest and most respected independent reviewer of social service agencies. COA first accredited DCFS in 2000, and the Department is the longest-standing accredited state child welfare agency in the country. To ensure excellence across the state and for every child, DCFS also requires all agencies that provide services on our behalf to children and families to be accredited as well.

Data-Driven Management

An online DCFS Data Site (commonly referred to as "the Dashboard") that tracks the performance of foster care cases, intact cases and specialized cases for both Department staff and our agency partners is in use, and performance on the Data Site is used to drive and

support decision-making at the agency, program, team and case levels. The data is refreshed monthly.

In development are new dashboards that will provide real-time data on Child & Family Services Review (CFSR) outcomes, the Director's metrics, and casework practices – several of these are scheduled for delivery in Spring 2016.

Regional PIP workgroups present and use data from the Data Site mentioned above and other case record review data on a quarterly basis to identify areas needing improvement, and create remediation activities to improve performance.

The increasing reliance on objective data to assess performance led by the Division of Quality Assurance and Research is critical to driving systemic change by identifying trends in child welfare including shifting demographics, highlighting specialized populations in need of targeted services, spotlighting best practices, and promoting general changes in policy.

Administrative Case Review

Administrative Case Review (ACR) is the independent review process required by federal and state law. It is a semi-annual review of families with children in substitute care to ensure participation and appropriate progress towards safety, permanency, and well-being.

Administrative Case Review is held to consider and determine:

- Foster care plans are family focused;
- Continuing need for and appropriateness of the placement;
- Extent of compliance with the service plan;
- Extent of progress alleviating or mitigating the causes necessitating placement in foster care;
- Efficacy of services, systemic barriers and impediments to achieving permanency;
- Compliance with law, rule, policy, procedure and consent decrees;
- Projected date a child may achieve permanency through returning home, adoption, legal guardianship, or independence.

Administrative Case Review also has global responsibility:

- To promote needed changes in systems to provide more effective treatment and care for children and families
- To shape public policy that actively promotes conditions which ensure every child lives in a safe, secure, healthy and permanent home preserving families whenever possible.

Office of the DCFS Guardian

The DCFS Guardian has a unique legal and moral duty as the legal parent of every child in the custody of DCFS. The DCFS Guardian has the duty and authority to act in the best interests of the child, subject to residual parental rights and responsibilities. The DCFS Guardian makes those decisions that a parent would normally make in matters having a permanent effect on the life and development of a minor. This duty remains until the child is no longer a ward or reaches the age of 18. The duty also remains for wards age 18 to 21 that have special needs and a court order authorizing such. Through the Consent Unit, the DCFS Guardian monitors and makes critical decisions based on the child's best interests regarding major medical treatment, psychiatric hospitalizations and medications, administration of psychotropic medication, and all other decisions requiring parental consent.

The Immigration Services Unit assists staff with a range of immigration issues, including application for legal status adjustment. The immigration child welfare services are directed towards ensuring the needs of Mexican and Mexican-American minors are met when their families are temporarily or permanently unavailable.

The DCFS Special Counsel is responsible for protecting the legal rights of children by securing appropriate legal services in civil, administrative and in some cases even criminal matters, including every child's right to appeal DCFS decisions regarding their care. Legal services can also include: civil suits where wards are either plaintiffs or defendants; trusts, estates and guardianships, and administrative hearings to secure appropriate educational services from local school districts.

The DCFS Guardian	FY15 Actual	FY16 Est.	FY17 Projected	16-17 Change	% Change
<u>Consent Unit</u>					
Ordinary/Routine	20,060	21,300	21,500	200	0.9%
Medical/Surgical	5,685	7,300	8,900	1,600	21.9%
Psychiatric Admissions	2,012	1,985	1,980	-5	-0.3%
Psychotropic Medications	11,229	11,732	12,235	503	4.3%
<u>Credit Checks: ID Theft Detection</u>					
Youth 12-18 Years Old	4,792	4,800	4,800	0	0.0%
Intellectually Challenged Youth	72	75	75	0	0.0%
Special Runs	23	45	55	10	22.2%
Credit Check Total	4,887	4,920	4,930	10	0.2%
<u>Consent Unit Hotline</u>					
Consent Unit Hotline Calls	7,756	7,760	7,760	0	0.0%
<u>Immigration</u>					
Legal Status Adjustments	28	30	32	2	6.7%
<u>Special Counsel</u>					
Civil/Criminal/Education	992	1,000	1,000	0	0.0%

Illinois is nationally recognized as having the “gold standard” when it comes to protecting children in its care from the unnecessary use of psychotropic medication. Illinois is improving on that record thanks to a partnership with experts at the University of Illinois at Chicago, the Illinois Department of Healthcare and Family Services, and the Guardian’s Office. Under a new data-sharing agreement, The Guardian’s Office and our medical experts at UIC now rely on payment data directly from Medicaid to identify which children are being prescribed medication and who is prescribing it to close loopholes in the system that requires doctors to get prior authorization from the Guardian.

In addition, DCFS was selected as one of six states to participate in *Improving the Use of Psychotropic Medication among Children and Youth in Foster Care: A Quality Improvement Collaborative*, a three-year initiative developed by the Center for Health Care Strategies (CHCS) and made possible through the Annie E. Casey Foundation. Now in its third year, this quality improvement collaborative focuses on improving the quality of psychotropic medication use among children in foster care.

Administrative Hearings Unit

The Administrative Hearings Unit is responsible for guaranteeing due process for individuals by conducting administrative hearings for various child welfare areas including but not limited to licensing, foster care, day care, indicated reports of abuse or neglect, and child welfare services. Hearings are conducted throughout the state by Administrative Law Judges who submit recommendations to the Director for a final decision.

Division of Budget & Finance

The Division of Budget and Finance is responsible for developing the budget; fiscal analysis; rate setting, program planning and policy analysis; payroll and timekeeping and coordinating employee benefits. The Division is also responsible for the processing of vouchers and board payments for foster parents and private providers, accounts receivable, accounts payable, conducting field audits, federal claiming and financial reporting on behalf of DCFS.

In coordination with other Department Divisions, efforts are underway to implement the State’s Enterprise Resource Planning system (ERP). Current financial systems are antiquated, time intensive, cause problems across platforms and require increasing resources to maintain. The new ERP system is expected to streamline financial processes across state agencies.

A major initiative for FY17 continues to be the implementation of the Grant Accountability and Transparency Act (GATA). Illinois is the only state in the country that has adopted legislation that requires a comprehensive set of standards that enforces accountability and transparency throughout the entire grant process. Efforts are being coordinated by the Department’s Chief Accountability Officer to ensure that GATA is successfully implemented at DCFS with the goal of increasing transparency and accountability in the administration of federal and state grants.